half years. Two of the patients upon whom the gastrocolic resection was performed, were doing well and gaining weight, seven and six months after operation. A markedly emaciated woman operated on four months before, presented herself recently in very good condition, free of all stomach trouble, but there was a suspicious tumor in the abdominal wall.

Posterior Drainage of the Pericardium and Pleura.—TIEGEL (*Zentralbl. f. Chir.*, 1913, xl, 900) says that operations on the heart are usually so pressing that the asepsis, both in the preparation and during the operation, is too hurriedly carried out. In two operations which he performed, with the patients almost *in extremis*, the question of effective drainage of the pericardium and pleura came up, as infection of both cavities was expected. Statistics show a high percentage of operative infections. Grassman, in 1908, from a statistical study, found that 42 per cent. of operations on the heart were fatal from infection, and of those which were followed by recovery, in 60 per cent. the healing was complicated by infection. Hesse from the same kind of study, found similar results. They speak strongly against primary closure of the wound, especially when asepsis cannot be provided. Tiegel thinks that the drainage should be dependent, if possible. He has convinced himself from cadaver studies that this does not offer particular technical difficulties. It will be desirable only when there is a large simultaneous opening of the pleural cavity, which is the rule in heart operations. The external opening of the drainage tube must be provided with an exact valve, such as is now used for pleural drainage. After the conclusion of the operation on the heart and suture of the pericardial opening, the lung, somewhat above and laterally, is pushed aside and a low forceps is pushed backward, between the lung and pericardium to one of the posterior intercostal spaces, opposite the anterior wound. This is accomplished very easily. The patient is then turned on his right side and where the skin is made prominent posteriorly by the forceps, the skin is painted by tincture of iodine and is incised to the point of the forceps which is then pushed through this small wound. By means of a probe, the desired length of the drainage tube is measured, so that the valve at its outer end will fit properly over the posterior opening in the chest wall. The tube is introduced through this opening and the pleural cavity and a small opening, made in the posterior wall of the pericardial sac, to which it is sutured. The operative wound anteriorly is then closed and the dressings applied.

Lengthening Shortened Bones of the Leg by Operation.—MAGNUSON (*Surg. Gynec., and Obst.*, 1913, xvii, 63) determined by experimental work on the lower animals that long bones could be lengthened, and in one patient demonstrated the practical value of his deductions in the human. He says that a shortened femur may be lengthened from two to three inches without any interference with blood and nerve supply, excepting in cases where there is a large amount of old inflammatory tissue which would limit the stretching of the bloodvessels and nerves, or which might produce kinking. Ivory, being an animal matter, is entirely absorbed by the tissues, does not act as a foreign body in bone, does not cause necrosis or slough out as do most other materials. Ivory screws may be cut off flush with the shaft of the bone, leaving nothing to project into or irritate the soft parts. There is no flange or shoulder on the screw to prevent it from entering to its full length. The method of application insures the screw fitting accurately into the hole made for it, since a tap is put through first; the deep thread into the bone insures a good hold, prevents any lateral motion, and the absorption of fluids by the ivory insures that in twenty-four hours the screws will fit so closely that it will not allow the slightest motion between the fragments. No great force is needed to drive the screws in, and eventually they will be absorbed, leaving the healed bone without defect. In cases of infection after the operation the ivory will not be absorbed until the suppuration has ceased. Lengthening bones would be of benefit in shortening after fracture, faulty development, or injury to the epiphysis before full growth is reached. The amount of extension obtained in these experiments was from three-eighths to one-half inch in dogs, about the size of a fox terrior without the slightest injury to bloodvessels or nerves, making it seem very probable that from two to three inches may be obtained in a bone as long as the average human femur, without serious after effects. The method of sterilization of the ivory screws found best, is saturated solution of bichloride of mercury in alcohol, placed in the autoclave, under high steam pressure, for four hours. If these ivory screws are boiled they become warped and useless.

The Pathogenesis of Prostatism.—Deton (*Jour. d'Urolog.*, 1913, iv, 233) with Caspar, studied the bladder in the cadavers of old people with relation to the problem of prostatism. The histological examinations emphasized three conditions; considerable increase of the perifascicular connective-tissue fibers, increase of the intrafascicular fibers of the same kind, and replacement of the muscular fibers by elastic fibrous tissue. These changes were accompanied or not by more or less thickening of the bladder walls, in which there was no useful muscular hypertrophy. The changes were not proportionate to the ages of the subjects, but they were always present, in the women as well as in the men. The act of micturition depends upon the musculature of the bladder which drives the urine out against resistance of different kinds, the mass of urine, closure of the neck, and the straightness of of the canal. In the normal condition this resistance in negligible, but in hypertrophy of the prostate it is very marked. In some cases the expelling force of the bladder alone is at fault, the resistance not being increased, as in prostatism in old women. Retention from a prostatic sarcoma in a young man would represent the other extreme of the scale, the resistance alone being increased. Prostatectomy removes the chief resistance and the remaining bladder muscle is strong enough to provide good micturition. Sometimes the muscle is so weak that after the removal of the prostate micturition is still defective, although these cases are very rare. Residual urine may persist after prostatectomy and then represents the clinical translation of the decrease of the expelling force of the bladder, due to the hyperplasia of the connective or elastic tissue in the muscular fasciculi of the bladder wall. In the great majority of cases, prostatism results from a diminu-